

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90032 005 ****61.25

DOCUMENT # N03000002717
 1. Entity Name
 AMERICAN IMPORTERS ASSOCIATION, INC.



Principal Place of Business
 7501 ULMERTON ROAD NO 625
 LARGO, FL 33771

Mailing Address
 10500 ULMERTON ROAD, PMB 726-135
 LARGO, FL 33771

34010000



2. Principal Place of Business
 214 7th St, N
 Suite, Apt. #, etc.
~~SAFETY HARBOR~~

3. Mailing Address
 Same as place of business
 Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State
 SAFETY HARBOR

City & State
 City Country
 34695 PINELLAS

4. FEI Number
 13-4224290

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BYRD, PHILLIP W
 7501 ULMERTON ROAD NO 625
 LARGO, FL 33771

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Phillip W Byrd* (NOTE: Registered Agent signature required when reinstating)
 DATE: 26 Feb 04

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, PHILLIP W 7501 ULMERTON ROAD NO. 625 LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BYRD, PHILLIP W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 214 7th St, N. SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORHAN, RAMAZAN 7501 ULMERTON ROAD NO. 625 LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORHAN, RAMAZAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 214 7th St, N SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIARD, KELLY- 1115 MCGILL PARK AVE NE ATLANTA, GA 30312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phillip W Byrd* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 DATE: 26 Feb 04
 Daytime Phone #